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| AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT | | | 1. Contract Number | | Page of Pages | | | | | | | | | | |
| | | | | | 1 | 2 | | | | | | | | | |
| 2. Amendment/Modification Number A0002 | | 3. Effective Date See Block 16 | | 4. Requisition/Purchase Request No. | | 5. Solicitation Caption Medical Consultation Services for Disability Determination | | | | | | | | | |
| 6. Issued by: Office of Contracting and Procurement 64 New York Avenue, NE, 6 TH Floor Washington, DC 20002 | | | | Code | | 7. Administered by (If other than line 6) Department of Human Services/Income Maintenance Administration (IMA) 645 H Street, NE, 5 TH Floor Washington, DC 20002 | | | | | | | | | |
| 8. Name and Address of Contractor (No. street, city, county, state and zip code) Prospective Offerors Code Facility | | | | 9A. Amendment of Solicitation No. DCJA-2007-HC-0037 | | | | | | | | | | | |
| | | | | 9B. Dated (See Item 11) 5/31/07 | | | | | | | | | | | |
| | | | | 10A. Modification of Contractor/Order No. | | | | | | | | | | | |
| | | | | 10B. Dated (See Item 13) | | | | | | | | | | | |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS | | | | | | | | | | | | | | | |
| <input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment: (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. | | | | | | | | | | | | | | | |
| 12. Accounting and Appropriation Data (If Required) | | | | | | | | | | | | | | | |
| 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS , IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14 | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">A.</td> <td>This change order is issued pursuant to (Specify Authority): The changes set forth in Item 14 are made in the contract/order no. in item 10A.</td> </tr> <tr> <td style="text-align: center;">B.</td> <td>The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.</td> </tr> <tr> <td style="text-align: center;">C.</td> <td>This supplemental agreement is entered into pursuant to authority of:</td> </tr> <tr> <td style="text-align: center;">x</td> <td>D. Other (Specify type of modification and authority) 27 DCMR, Section 1607.1c and d.</td> </tr> </table> | | | | | | | | A. | This change order is issued pursuant to (Specify Authority): The changes set forth in Item 14 are made in the contract/order no. in item 10A. | B. | The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2. | C. | This supplemental agreement is entered into pursuant to authority of: | x | D. Other (Specify type of modification and authority) 27 DCMR, Section 1607.1c and d. |
| A. | This change order is issued pursuant to (Specify Authority): The changes set forth in Item 14 are made in the contract/order no. in item 10A. | | | | | | | | | | | | | | |
| B. | The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2. | | | | | | | | | | | | | | |
| C. | This supplemental agreement is entered into pursuant to authority of: | | | | | | | | | | | | | | |
| x | D. Other (Specify type of modification and authority) 27 DCMR, Section 1607.1c and d. | | | | | | | | | | | | | | |
| E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return <u> 1 </u> copy to the issuing office. | | | | | | | | | | | | | | | |
| 14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) This amendment is for the following changes to Human Care Agreement (HCA) No. DCJA-2007-HC-0037 issued on May 31, 2007: The closing date for submission to the Human Care Agreement No. DCJA-2007-HC-0037 is extended from June 29, 2007 at 2:00 p.m. to July 13, 2007 at 2:00 p.m. The responses to offeror' s written questions submitted regarding Human Care Agreement No. DCJA-2007-HC-0037 are hereby described on page 2. <p style="text-align: center;">All other conditions of the solicitation remain unchanged.</p> | | | | | | | | | | | | | | | |
| 15A. Name and Title of Signer (Type or print) | | | | 16A. Name of Contracting Officer Jean Wright | | | | | | | | | | | |
| 15B. Name of Contractor (Signature of person authorized to sign) | | 15C. Date Signed | | 16B. District of Columbia (Signature of Contracting Officer) | | 16C. Date Signed 6/18/07 | | | | | | | | | |

RESPONSE TO PROSPECTIVE OFFEROR'S WRITTEN QUESTIONS

In accordance with Section E.2.2 of Solicitation Number DCJA-2007-HC-0037, following are responses to questions :

1. Question

As an individual contractor should a doctor sign this certification regarding a drug free workplace form? Also, if you own a rental property in D.C., must you complete this combined business tax registration application? As a semi-retired person providing limited consultations with no formal business do doctors have feel out this form? If a doctor is not interested in application for a business, should a doctor fill out the Local Business opportunity commission certification package?

Answer

Yes, a doctor should sign the drug-free workforce certification form. Yes, the tax registration application must be filled out by anyone seeking to do business in the District of Columbia, if they have not already done so. No, the Local Small Disadvantaged Business Enterprise attachment is optional. It is not necessary under this agreement because an evaluation under a typical solicitation, where there is open competition, is not performed under a human care agreement. However, if a doctor wants to submit the attachment to have on file with the District in case he bids on a solicitation with open competition in the future, he may do so.